

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/526739 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		2					59							
10		2					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
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29							79							
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31							81							
32							82							
33							83							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	20						TOTAL CLAIMS							